PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

 ■ Declaration Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

			_		
Attorney Docket Number		NIDN-10520			
First Named Inventor		Browne			
COMPLETE IF KNOWN					
Application Number	To be assigned				
Filing Date	То	be assigned			
Group Art Unit	To be assigned				
Examiner Name	To be assigned				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
I believe I am the original, first and sole inventor (if only one hame is listed below) of all drightal, first and joint inventor (if professionames are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Cap for Container									
the specification of which (Title of the Invention)									
is attached here	à								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number		and wa	as amended on (MM/DD	777Y)	(if applicable).				
I hereby state that I have	reviewed a	ind understand the	contents of the above id	entified specificatio	n, including the claims, as				
amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
t hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Applicatio	n		Foreign Filing Date		Certified Copy Attached?				
Number(s)	ļ	Country	(MM/DD/YYYY)	Not Claimed	YES NO				
0001840.8	G	8	01/26/2000						
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
			e (MM/DD/YYYY)						
60/187.558 03/07/		03/07/2	000	Additional provisional application					
			numbers are listed on a supplemental priority data sheet						
PTO/SB/02B attached heret									
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

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information which and the national	or PCT	ernational applic erial to patentab international filin	nity as g date o	genned in 37 C of this applicatio	rH 1.56 W	mich b	ecame a	valiable belw	een me aun	y date	or trie prior	аррисация
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	Number				(WIWI/UU	/ T T T T)		(11	applicat	e/	
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Additional t	J.S. or P	CT international	applicat	tion numbers ar	e listed on	a sup	plementai	priority data	sheet PTOY	HPRE	Hillerini	IR TERPOLOGIA
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of So	le or F	irst Invento	r:				A petitio	n has been	filed for th	is uns	igned inve	entor
Given Name (first and middle (if anyl)					Family Name or Surname							
Martin Monteagle					Browne					<u> </u>		
Inventor's Signature		Mu	17/19	n Fi	DUSN	<u>~</u>		·-			Date	14.12.00
Residence: C	ity	Oślo		State		(Country	Norwa	ay	c	itizenship	GB
Post Office Ad	ldress	Christian Fredriks vei 6										
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O OBER 08, 2002

PTAS

AMERSHAM BIOSCIENCES CORP ROBERT F. CHISHOLM 800 CENTENNIAL AVENUE PISCATAWAY, NJ 08855

Under Secretary of Commerce For Intellectual Property and Director of the United States Patent and Trademark Office Washington, DC 20231 www.uspto.gov



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UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

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RECORDATION DATE: 08/05/2002

REEL/FRAME: 013146/0858

NUMBER OF PAGES: 3

BRIEF: CHANGE OF NAME (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

NYCOMED IMAGING AS

DOC DATE: 11/19/2001

ASSIGNEE:

AMERSHAM HEALTH AS NYCOVEIEN 2 N-0401 OSLO, NORWAY

SERIAL NUMBER: 09767320

10520 PATENT NUMBER:

FILING DATE: 01/23/2001

ISSUE DATE:

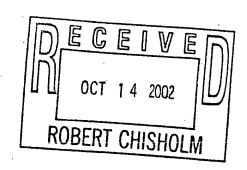
SERIAL NUMBER: 09525756

FILING DATE: 03/14/2000 ISSUE DATE: 05/01/2001

10373 PATENT NUMBER: 6223918

PAULA MCCRAY, EXAMINER ASSIGNMENT DIVISION OFFICE OF PUBLIC RECORDS





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FORM PTO-1595 (Modified) (Rev. 03-01)	00-00-20	/ ~ <u>~</u>	EET	U.S. DEPAR		
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To the kionorable Commissioner of Patents	and Trademarks: I					y thereof.
Name of conveying party(ies): Nycomed Imaging AS		2. Name and a			s):	
1100 0 - 20	·	Name: Amo	ersham Health			
MRD 8-5,02	5-	E III CE MAI AUG	неээ. 			
Additional names(s) of conveying party(ies)	☐ Yes ☒ No		<u>2</u> 1•			
3. Nature of conveyance:		÷ ;	<u></u>		·	
☐ Assignment ☐ Mei	rger	Street Addre	ess: Nycoveie	n 2		
☐ Security Agreement ☑ Cha	ange of Name	N-04	101 Oslo N	Norway		·
Other		City:		State: _	ZIF):
Execution Date: November 19, 2001		Additional name	(s) & address(e	es) attached?	☐ Yes	⊠ No
4. Application number(s) or patent numbers(s	s):		•			
If this document is being filed together with	a new application,	the execution d	ate of the app	lication is:	a g	
A. Patent Application No.(s)	1	B. Pat	ent No.(s)		n King	,
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Name: Robert F. Chisholm		7. Total fee (37	7 CFR 3.41):	\$ <u>8</u>	0.00	
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Street Address: 800 Centennial Avenue		8. Deposit acco	ount number:			
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City: Piscataway State: NJ	ZIP: 08855	(Attach duplic	cate copy of this p	page if paying by	deposit acco	ount)
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 Statement and signature. To the best of my knowledge and belief, the 	e foregoing informa	tion is true and i	correct and ar	ny attached coi	ov is a tru	e copv
of the original document.		7/7/1/1	25.755t dila dil	, andonou ou	-, . 	
Robert F. Chisholm	A-CXIV			July 30, 2	2002	
Name of Person Signing		Signature	and document	5	Date	
Total number of page	es including cover she	et, attachments,	and document.			

Docket No.: NIDN-10520

CERTIFICATE OF REGISTRATION

THE BRONNOYSUND REGISTER CENTRE

Organization number: 914 829 674

Limited Company

Date of incorporation: 1981-09-07

Transferred to the Register of Business Enterprises: 1988-11-16

Name:

Formerly:

AMERSHAM HËALTH AS

NYCOMED IMAGING AS NYCOMED AS

Business address:

Nycoveien 2 0485 OSLO

Municipality:

0301 OSLO

Country:

Norway

Postal address:

P.O. Box 4220 Nydalen

0401 OSLO

Special information:

The business enterprise has decided to merge:

NYCOMED AS 976 388 410

Sandakery 100 C 0484 OSLO

Share capital NOK:

92,100,000.00

The capital is fully paid-up

General manager/Managing director;

Ase Aulie Michelet

Board of Directors:

Chairman of the Board:

Odd Kåre Strandli Jernbaneveien 43

1369 STABEKK

Board member(s):

Jan Fikkan

Åse Aulic Michelet

Asbjørn Wiggen

John Malcolm Padfield

Liselotte Wauger

Robert Alan Larsen

Robin Anthony David Freestone

Deputy board member(s):

Peter Haaland Marit Lambrechts Trond Haider Carl Einar Sjøgren

Employees' representative Employees' representative Employees' representative Employees' representative

THE BRONNOYSUND REGISTER CENTRE

Signature:

Ase Aulie Michelet or two board members jointly.

Authority to act as a business agent: The general manager alone.

Auditor:

Auditor number: 933 922 847
PRICEWATERHOUSECOOPERS DA
Karenslyst Alle 12
0278 OSLO

Certified auditing company

BRØNNØYSUNDREGISTRENE The Brønnøysund Register Centre Foretaksregisteret, 2001-11-19 The Register of Business Enterprises

Erik Fossum Notary Public rønnøysund Register Centre